



CITY OF SACRAMENTO, YOUTH, PARKS, AND COMMUNITY ENRICHMENT
 ACCESS LEISURE, 4623 T ST. STE B, SACRAMENTO, CA 95819
 TELE: (916) 808-7970 FAX: (916) 840-7657
 WWW.ACCESSLEISURESAC.ORG



SUMMER 2020: IT'S A WILD ONE!
Virtual Camp Registration 2020

Participant's Name: _____ Preferred Pronouns: _____
 Age: _____ Parent/Guardian: _____ Email: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Home Phone: _____ Evening Phone: _____ Cell: _____

Online Registration:

https://apm.activecommunities.com/cityofsacparksandrec/Activity_Search/11307

- If needed, registration can be processed by mail. Please check the program box below and return to the address on the bottom of this form with payment. *Make checks payable to City of Sacramento.*
- Registration can also be taken over the phone (with a credit card). Please call the Coloma Community Center at (916) 808-6060 to pay by phone. You will need to know the activity number (listed below). Please call between 9:30am-3:00pm and leave a message with your name and phone number if you are directed to voicemail. Staff will return your call as soon as possible to process the payment.

**Note: there is a max attendance limit of 40 participants for this program. Spaces will be filled on a first come, first served basis.*
Last day to register: Monday, August 3rd.

Dates- Activity # (Zoom)

Mon. August 10th – Fri. August 14th.

#14355 (Zoom)

Program fees help us cover the cost of staff, program materials and ongoing program needs.

Cost: \$125.00 per participant (covers all virtual program time and the "Camp in a Box" materials)

Diagnosis and/ or Disability: _____

Please utilize this space to let us know of any accommodations or support you may need in order to enjoy a successful virtual camp experience: _____

Liability Release

The undersigned, in consideration of the acceptance of this entry, I hereby waive, release and indemnify the City of Sacramento, Access Leisure, sponsors, staff, and volunteers from any and all liability for injuries and/or expenses incurred by myself during virtual programs.

 Signature of athlete, and or guardian if under 18 years

 Date Signed

Media Release

I specifically grant permission to the City of Sacramento, Access Leisure Section to use my likeness, voice and words in television, radio, newspapers, films, magazines, and media of any form not heretofore described to further the aims of the Access Leisure Adaptive Social Programs, Virtual Programs and Residential Camping Programs.

 Signature of athlete, and or guardian if under 18 years

 Date Signed

Office Use Only:

Amt Pd: \$ _____ Amt Due: _____

Ck or MO # _____ Cash CC

Date: _____

Pre-Registration and Payment Required for All Participants

Return form to:

City of Sacramento, Access Leisure,
 Attn: Heather Everett
 4623 T St. Suite B, Sacramento, CA 95819

For more information on social programs, virtual programs and camps, you may email heverett@cityofsacramento.org